June 1993

Clinical Center News

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CC celebrates 40th with July events

The Clinical Center will mark the 40th anniversary of the first patient admission on July 8 and 9 with a celebration of the NIH intramural clinical research program.

The celebration will feature a variety of activities including a picnic, a scientific symposium, and reception with NIH's Nobel Prize winners.

The program begins on Thursday evening July 8 with a lecture for the public in Masur Auditorium by Dr. Stephen Epstein, Chief of the Cardiology Branch, NHLBI, tracing four decades of heart research.

On Friday, July 9, activities will begin with a welcoming ceremony at 9 a.m. and will be followed by a day-long scientific symposium highlighting the clinical advances of the last 40 years.

At noon, there will be a picnic featuring live music and cake donated by Guest Services, Inc., on the lawn outside of the B1 cafeteria. GSI will sell 40th anniversary picnic lunches.

The festivities will end with a reception at 5:45 p.m. in the visitor information center of

(Continued on page 7)

Dr. John Barrett, who joined NHLBI in May, will direct the bone marrow transplant program. The new hematology/bone marrow transplant unit on 2-West will open next month.

New unit includes four-bed facility for bone marrow transplant patients

With final inspections underway, doors will open July 1 on the new hematology/bone marrow transplant unit on 2-West at the Clinical Center.

Dr. Neal Young, chief of NHLBI's Hematology Branch, will oversee the unit. Dr. John Barrett, who joined NHLBI in May, will direct the bone marrow transplant program.

Central to the $4 million unit is the transplant program's new four-bed facility dedicated to investigating improved transplant procedures and developing gene therapy techniques. The adjacent six-room, 12-bed facility for patients with hematological disorders has been completely modernized and refurbished.

Bone marrow transplants have long been used to treat leukemia and related disorders, as well as aplastic anemia and rare congenital diseases, Dr. Barrett said. "Over the past 20 years the number of

(Continued on page 7)

Masur tapped for prestigious science organization

Dr. Henry Masur, chief of the Clinical Center's Critical Care Medicine Department, has been selected for membership in the Association of American Physicians, an organization composed of senior leaders in biomedical research.

"Dr. Masur has a distinguished record of research contributions and outstanding leadership in infectious diseases, critical care, and AIDS," said Dr. Saul Rosen, Clinical Center acting director.

Joining the Critical Care Medicine Department in 1982, Dr. Masur was named chief in 1989. As an investigator, he built a growing team that studied AIDS collaboratively with Dr. Anthony Fauci and Dr. Clifford Lane, NIAID, and focused on opportunistic complications of HIV infection.

Dr. Masur and his group have published important works on methods to diagnose pneumocystis. He and an associate, Dr. Joseph Kovacs, produced the first monoclonal antibody against human pneumocystis, a now-patented basis for a widely used diagnostic test.

"For more than a decade, Dr. Masur and his group have had a major influence on the way pneumocystis is understood, diagnosed, treated, and prevented," said Dr. Rosen. Dr. Masur established one of the first models for studying immune response to pneumocystis in vitro, and was the first to observe that pneumocystis is an extracellular organism and that immune serum is necessary for elimination of pneumocystis by host mononuclear phagocytes.

"He has also been a major force in making pneumocystis prophylaxis the standard of care for AIDS patients and for emphasizing the importance of glucocorticoid therapy for severe pneumocystis pneumonia," Dr. Rosen said.

Dr. Masur, in collaboration with Dr. Lane, has moved the intramural trials into the forefront in assessing antiretroviral agents and agents active against opportunistic infections, Dr. Rosen added.

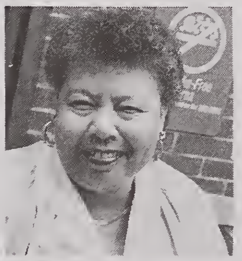
A national leader in drug development issues related to AIDS, Dr. Masur chairs NIAID's AIDS Clinical Drug Development Committee and the Federal Drug Administration's Advisory Committee on Antiviral Drugs.

Dr. Masur was an assistant professor of medicine at Cornell University Medical College prior to joining the Clinical Center staff. While at Cornell, Dr. Masur's most notable accomplishment was recognition of the very first cases of AIDS. He established a team to study AIDS, and they reported the first cases in women.

Dr. Masur trained in internal medicine, infectious disease, and tropical medicine at Cornell Medical College, the New York Hospital, and Johns Hopkins Hospital.

query

There's no dishonor in learning from others when they speak good sense, so Sophocles observed. *CCNews* wants to know the best advice you've ever received.

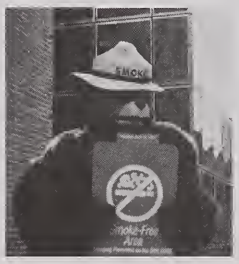


Linda Wyatt
Diagnostic Radiology

"Be the best you can be."

Jack Van Horn
NIMH

"Can't say I've received any advice I've given any more weight to than any other."



Smoky Bear
Clinical Center

"Don't smoke, but if you must, light up only on the Sun Deck. Always stay behind the red squares."

Robert Williams
EEO

"Keep your head straight and take care of your business promptly."

CC News

Editor: Sara Rand Byars

Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters, and photographs are encouraged and can be submitted to Bldg. 10, room 1C255, or by calling 496-2563. You may also contact your department's *CC News* liaison.

Deadline for submission is the second Monday of each month. If possible, submit your article on a Macintosh disk (Microsoft Word preferred).

Growth factor shows promise in bacterial sepsis

Researchers from the Clinical Center's Critical Care Medicine Department, in collaboration with researchers at the Armed Forces Radiobiology Research Institute, report promising results in treating bacterial sepsis in dogs by using granulocyte-colony stimulating factor (G-CSF). This drug stimulates the body's production of neutrophils, a type of white blood cell crucial to controlling infection. According to Dr. Peter Q. Eichacker, the principal investigator from the NIH team, dogs given a high dosage of G-CSF before being infected with a bacteria-laden clot had significantly greater survival rates than low-dosage or control dogs. This result is thought to be due in part to the greater number of neutrophils brought about by G-CSF. The high-dose dogs also had lower blood levels of endotoxin, a harmful byproduct of bacteria. No adverse effects on pulmonary function were observed.

> Sepsis is the body's response to bacteria that have entered the bloodstream.

"We wanted to see whether increasing circulating neutrophil numbers to very high levels before making a subject septic was helpful or harmful," says Dr. Eichacker. "Our results suggest that giving G-CSF prophylactically might benefit patients who are at risk for developing sepsis." Such patients include those receiving immunosuppressive drugs, or who have wounds, abscesses, or other, internal infections. In fact, G-CSF is currently being used to raise neutrophil counts to normal levels in patients receiving chemotherapy and in patients with AIDS. More studies are necessary, however, before the drug can be recommended for use in humans who have sepsis but who have normal numbers of neutrophils.

Sepsis is the body's response to bacteria that have entered the bloodstream. The body's defenses against infection, however, can also contribute to sepsis. For example, neutrophils help fight the infection, but they also contain toxins that can injure tissues or potentially cause septic shock, the most severe form of sepsis. During shock, blood vessels dilate and blood pressure falls.

Roughly 100,000-150,000 cases of sepsis are reported annually. About half progress to septic shock, which can be fatal. Standard treatment of sepsis includes removing the site of infection, administering antibiotics and drugs that constrict blood vessels, and giving fluids.

—by Sue Kendall

briefs

Sign up now for July classes

Call the Education and Training Section, 496-1618, for details on these July classes: **Sexual Harassment Prevention Training for Clinical Center Support Staff,** July 3, 10:30 a.m.-12:30 p.m., room 2C116; **Sexual Harassment Prevention Training for Managers and Supervisors**, July 13, 10:30 a.m.-12:30 p.m., room 2C116; and **Communicating More Effectively**, July 22-23, 9 a.m.-5 p.m., room 1N248.

Topic for this month's Quality Together Resource Center Hosts Program is **Team Decision Making**. It is offered July 7, 8:30-9:30 a.m., room 2C116; July 13, 3-4 p.m., room 2C310; and July 14, noon-1 p.m., room 1C520.

New dentist expected on board next month

Dr. Jerre Molina, who had provided dental care at the Commissioned Officers' Dental Clinic for four years, has left the Public Health Service's Commissioned Corps for private practice in North Carolina. The new staff dental officer is Dr. Michael Arnold, who's expected to be on board next month. He comes from Alaska where he is currently assigned to the Indian Health Service.

Some elective procedures provided in the dental clinic may be postponed until the fall when the clinic will be functioning with a full staff.

Register your concern by giving blood

Volunteer blood donors directly support the Clinical Center's critically ill patients. Stop by room 1N416 to give. The Blood Donor Center is open Monday-Friday, 7:30 a.m.-3:30 p.m., and closes Tuesday at 12:30 p.m. Call 496-1048.

New hardware offers capability for innovation

Installation of new, more reliable computer hardware for Clinical Center medical information system (MIS) users is almost complete, said Jim Oseth, communications manager, Information Systems Department.

The $1.3 million, year-long project included installation of some 400 video matrix terminals and 100 printers. The program first targeted replacement of the Clinical Center's oldest equipment. "Some video monitors had been here since 1975," Oseth noted, "when the original system went in. Another batch had been installed in the late seventies and another in the mid-eighties."

Reliability is the biggest plus for the new hardware. "Before the exchange, our staff spent all their days fixing old printers and monitors," said Oseth. "It was very frustrating to fix a piece of equipment and have to go back two days later to fix something else on the same piece."

Easy repair and economical replacement are other advantages. "The new equipment is industry standard," he said. "That means that we could go into a computer store and buy a new piece of equipment or replacement part if we absolutely had to."

The old equipment was proprietary, Oseth explained. That made it hard to get replacement parts, and locked the Clinical Center into buying them from one vendor. The new equipment includes Macintosh and IBM video terminals and IBM printers.

TDS Healthcare Systems continues to provide the communications software for the MIS. "We're still working on enhancements to the new software," Oseth noted. The new hardware allows more flexibility in managing data.

Mukesh Khatri, left, and John Holmes, electronics technicians, were among Information Systems Department staff members involved in the year-long, center-wide computer hardware conversion. Others instrumental to the project included Doug Butters, David Vinh, and Tyrone Williams.

Users can retrieve lab values, for example, and use the computer to graph those values and paste the data onto a spread sheet. "Under the old system, users could look at the data screen-by-screen only," Oseth explained. "They had to leaf through pages of data to find what they wanted and there was no graphic capability at all."

The new hardware also allows users to tap into networking systems. "In this era of networking, the sky's the limit," Oseth said.

The gradual phasing in allowed Clinical Center staff to be trained on the new systems as equipment was installed. "There are differences in the way users operate the new equipment," Oseth noted. "We wanted to make sure all users were trained so there was no danger of having to operate the new equipment without really knowing how."

That coordination required an exceptional level of interdepartmental cooperation, Oseth explained. "We worked extremely well with Nursing and Outpatient Departments, for example."

This has been an intensive, cooperative effort among the communications and technical support section staff as well as the Information Systems Department as a whole, Oseth noted.

The last major enhancement of the system was conversion to a new software more than a year ago. That was the most extensive change to the MIS since it was installed in the mid-1970s.

"We're still learning and constantly changing the system to make it better," Oseth said. "Staying current. That's what this industry is all about."

From the practical to the probably puzzling

Eve's answers never fail to fascinate

Christopher Eve has an idea.

It has to do with the creation of the cosmos. "Be consistent with all observed facts," he cautions. "When you build a house, you clear the land first. Maybe the first thing I should do is do away with the big-bang theory of creation."

But reasoning out the origins of the universe—the answer is in the neutrino, he's sure—is merely second on his list of things to do now that he's retiring after 53 years of federal service.

Look up nutrino—it's a subatomic particle—and you'll hold in your hands what's first on this 82-year-old's agenda. It's helping the dictionary editors at Random House get it right. "I have a dictionary and use it. When I find a typographical error in it, or see a word in the newspaper that's not in the dictionary, or if I coin a word that's not there, I make a note in the margin," he explains. "I've made about 2,000 notes. Many are simple typographical errors. So I'll see if the latest edition has these things corrected."

If not, watch out. "I'll contact the editor and make some type of arrangement with him to have them corrected in the next edition. Might even get a W-2 from Random House."

Eve, Clinical Pathology's physicist and resident Mister Fix-It, has packed up his hammers and wrenches. He retired last month.

Eve first joined Uncle Sam's payroll in 1940. "I did three years of good and faithful service in the Army," he said. "Started in a mule outfit in Charleston, South Carolina. Fort Moultrie. Then went to the medical department in the hospital there. The top sergeant said I'd make a pretty good pharmacist. To me it was just applied chemistry."

Eve retires

The Clinical Pathology Department will honor long-time employee Christopher Eve with a retirement party July 16, noon-3 p.m., in room 2C310. Eve's legacy to the Clinical Center includes a treasury of gadgets, gizmos, and other practical problem solvers.

That's what he studied, along with physics, before concentrating on mathematics at George Washington University.

The Army brought Eve to this area and government service kept him here. He finished his enlistment at Walter Reed, then moved to the mechanical instrument section at the National Bureau of Standards.

He found his most comfortable niche in the clinical lab here where—since 1960—he's solved problems with an eloquent economy of industry, function, and form.

Consider the "Stopper Popper." That's the device that sucks stoppers out of vials. And then there's the flashing-light-and-signal gizmo to alert lab workers when a specimen arrives in accessioning. "That's the best thing I ever devised, and it's been keeping up very nicely," he allows.

"I figure NIH is the best place to work," he says. "The work I did here, I had pretty much a free hand to do what was needed. No one told me how to do it."

Don't expect this marathon civil servant to drop out of any races now that he's retired. It just means a different pace, perhaps. Fueled, as always, by the most basic element, love. "It's the greatest thing. It is the solution to all problems."

Besides, he says, "I've left a few projects uncompleted (at the Clinical Center) that I'd like to finish up."

—by Sara Byars

Proper signing out eliminates ripple effect of missing records

Dr. "A" checks out his patient's diagnostic radiology records. After going over the x-rays in the film library's viewing room he spots a colleague whose opinion he values. He gives the jacket with the films to Dr. "B." She's on her way upstairs for rounds and promises to call later in the day.

An hour later Dr. "C" comes to the film library and asks for the patient's records. The last thing Dr. "C" wants to hear is that the needed film records are neither in the film library nor with the physician who signed them out.

This scenario is all too familiar to the film library staff, Diagnostic Radiology Department.

"Similar incidents happen more than we like," admits Harvey McDonald, library manager, "and we want to make people more aware of the ripple effect caused by a patient's film being taken without signing it out properly."

The problem is significant enough to prompt a recent Clinical Center sweep for records improperly signed out from the film library.

"While walking through patient care areas, offices, and nursing units," McDonald said, "we found 80 jackets that weren't signed out properly.

"If a record is missing and is not in the library—and the library is where we search first—we have to physically track it down," McDonald said. "That means looking every place the patient has been." It's not unusual for library staff to spend four or five hours following the trail of a missing film.

The library's computer tracking system identifies who has checked out each set of diagnostic records. If one clinician passes it to a colleague without checking it out to the new user, problems are likely.

That's not fair to the physician who needs the information to take care of the patient, McDonald said. And it's not fair to the patient who risks having tests repeated unnecessarily.

PLACE MOST RECENT FILMS IN BACK OF JACKET

Film library staff urge users to be conscientious about signing out records.

If improper handling of the film records continues, McDonald noted, the department may resort to expensive and even more sophisticated electronic controls and alarms.

"We want to make sure that all Clinical Center physicians have the tools they need to care for patients available," McDonald added. "Most doctors are sensitive to these issues."

Smoking deck

Although the sun deck smoking area is largely successful, a problem has arisen. When people smoke under the canopy just outside the sliding doors, smoke is drawn into the corridor along the NIH Library each time the doors open. To remedy this, says Executive Officer Ray Becich, "We ask that smokers smoke on the sun deck, or at the far end of the canopy in inclement weather." Additional solutions are underway. A 12-foot area just outside the sliding doors has been painted red. Smoking is not permitted there. Doors leading from the Masur Auditorium lobby to the corridor will no longer be propped open, but will be equipped with a button for handicap accessibility. A second set of sliding doors will be installed in the corridor to trap smoke. Groundsweeps will be installed on the bottoms of all doors to prevent smoke from seeping through. Says Becich, "We appreciate the smokers' cooperation and the nonsmokers' patience during this transition."

New unit opens in July

(Continued from page 1)

these transplants has grown enormously," he said, "but despite advances in treatment resulting in higher cure rates, the situation could still be improved."

There are risks, Dr. Barrett noted, because patients face a two-way rejection. In a bone marrow transplant, he explained, the donor's entire immune system is transfused into the patient along with the cells that will create the red and white blood cells and platelets. The transplanted marrow can recognize the recipient's tissue as foreign, and the resulting attack on the tissue is called graft-versus-host disease. A second risk is that the recipient's immune system will reject the transplanted marrow.

Doctors combat these problems with drugs and radiation to suppress the immune system. The price tag for that protection is an increased risk of infection.

That's why patients who receive bone marrow transplants must be protected from infection, and monitored for signs of graft-versus-host disease and rejection. "This small, experimental unit gives us the opportunity to monitor patients and gain new insights into the problems, and develop more sophisticated methods to reconstitute immunity," Dr. Barrett said.

A specially trained nursing staff has been assembled for the patient care team. "We've brought together three areas of clinical expertise in staffing this unit," said Terri Wakefield, head nurse of the bone marrow transplant unit, "hematology, oncology, and critical care."

Staff came primarily from the now-closed cardiac surgery unit, and were willing to spend two years gaining clinical experience in new areas. For example, she explained, intensive care nurses with no hematology experience worked on a hematology unit. "Their willingness to spend this time exploring new areas of practice speaks highly of their commitment to nursing and to the patients we'll work with in the new unit."

The unit's design offers extraordinary support, too. Behind the unit's contemporary blue and lavender decor is a infrastructure that rivals a small city.

"There are two separate heating, air conditioning, and ventilation systems," explained Jim Wilson, Clinical Center building services manager. "If one system shuts down, the other starts up immediately."

The bone marrow unit's design with its easy-care and easy-clean features offers another line of defense against the threat of infection, noted Wilson. Walls and floors are seamless and nonporous. That allows thorough scrub-downs. The water system is totally filtered.

"State of the art" describes all equipment—from beds featuring controls that allow patients to adjust window blinds without getting up to doors designed for both clear passage and privacy.

The project also included construction of a nearby kitchen and satellite pharmacy.

"This has been an extremely complicated project and truly a team effort," noted Hillel Soclof, NHLBI administrative officer who served as overall project coordinator. "There are two types of users in a facility of this nature, the doctors who design and carry out the clinical protocols and the nurses who are here day-to-day to care for patients. We tried to make sure all their needs were met."

Planning and construction of the unit has been a two-year collaborative effort among NHLBI, the Division of Engineering, and the Clinical Center.

"It took an enormous amount of work to get this unit going and we have a superb nursing staff. We will be able to develop very unusual, creative protocols," said Dr. Young. "Dr. (Claude) Lenfant (NHLBI director) has been visionary in recognizing the best way to make use of resources and money throughout this project.

"We are very fortunate to have recruited Dr. Barrett to the NIH. He is an outstanding clinician and well known for his research experience," said Dr. Young.

Dr. Barrett, editor of the recently published book, "Bone Marrow Transplantation in Practice," comes to NIH from London's Hammersmith Hospital and the Royal Postgraduate Medical School where he was professor of hematological medicine. He is a past president of the European Bone Marrow Transplant Group, and serves on the advisory and executive committees of the International Bone Marrow Transplant Registry.

—by Sara Byars

. . . 40th celebrations

(Continued from page 1)

Building 10 that will feature informal remarks by Nobel Prize winners Dr. Christian B. Anfinsen, Dr. Julius Axelrod, Dr. D. Carleton Gajdusek, and Dr. Marshall Nirenburg. There will also be a presentation of portraits of former Clinical Center directors that were painted by Al Laoang, MAPB. The portraits will reside permanently in the area outside the Lipsett Amphitheater. Refreshments for the reception will be provided by Research!America.

Ceremonies honor nurse of the year, distinguished nurse

Eileen Dimond, left, received the Distinguished Nurse Award, and Elizabeth Uhlman was named Nurse of the Year during Nursing Department's annual meeting May 17.

Nursing Department recognized members' outstanding contributions during its annual meeting May 17.

Top award winners included Eileen P. Dimond, clinical nurse specialist, cancer nursing service, who received the Distinguished Nurse Award, and Elizabeth Uhlman, clinical staff nurse, critical care/heart, lung, blood nursing service, who was selected Nurse of the Year.

Dimond, honored for contributions to nursing in and beyond the Clinical Center, has participated in major departmental and service initiatives and Clinical Center task forces. She is active with the Advance Directives Work Group, and received the 1992 Oncology Nursing Society's Quality of Life Award.

Uhlman's award honors her exemplary practice skills, patient teaching capabilities, and commitment to excellence. It cites her exceptional care of pediatric and adult patients in intensive care, as well as her leadership in staff and patient teaching.

Members of the Shared Governance Implementation Task Force received a Director's Award. That group, co-chaired by Tim Stockdale and Charmaine Cummings, included Mary Caples, June Lewis, Clairborne Miller-Davis, Sue Marden, Noreen Giganti, Ann Knebel, Susan Steele, Joy Kreskow, Diane Badar, Mary Jean Kozma-Fornaro, Dolora Ruth Stoffa, Beverly Barber, Maria Stagnitto, Priscilla Rivera, Martha Culver, Linda Williams, Lillie Fairchild, Risa Eckes, Sue Parada, Faith Dugan, Irene Naveau, Lorena Gaskill, Beth Knudtson, Merry Danaceau, Sharon Quint-Kasner, Jennifer Wilken, Cathy Parker Gstrein, Maureen Estrin, Diane Thompkins, Linda Simpson-St. Clair, Lorrie Maciag, Jean Harris, Teresa Peduzzi, Linda Brophy, Jan Yates, and Maureen Edgerly.

A Director's Award also went to the Primary Nursing/Nursing Service Review Board Task Force of Becky McBurney, Sharon Bray, Jan Drass, Barbara Corey, P.J. Maddox, Earline Smith-Jackson, Kim Cox, Inga Tokar, Lillie Fairchild, Sakineh Walther, Inez Ernst, Mary Samuelson, Kate Mussallam, Laura Chisholm, Karen Oliver, and Rosie Smith.

june

2 **Grand Rounds**
12 noon- 1 p.m.
Lipsett Amphitheater
Breast Cancer—Hopes, Expectations, and Reality, Michael Friedman, M.D., NCI; *The Etiology of Parkinson Disease—What Have We Really Learned from Observational Studies?,* Jonas Ellenberg, Ph.D., NINDS

9 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater
Clinical Trials in Heart Disease and Murphy's Law, Lawrence Friedman, M.D., NHLBI; *Osteoporosis,* Lawrence Shulman, M.D., Ph.D., NIAMS

16 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater
The "Marijuana" Receptor, Michael Brownstein, M.D., Ph.D., NIMH; *A Novel Mycoplasma in Patients with AIDS,* Shyh-Ching Lo, M.D., Ph.D., Armed Forces Institute of Pathology

23 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater
Postoperative Hyponatremia, Beatrice Olson, M.D., NICHD; *Localization and Cure of Gastrinomas,* Robert Jensen, M.D., NIDDK

28 **NIH lecture**
3-4 p.m.
Masur Auditorium
Calcium and Signal Transduction, Claude B. Klee, M.D., Chief, Laboratory of Biochemistry, NCI

30 **Clinical Staff Conference**
12 noon-1:30 p.m.
Lipsett Amphitheater
Inflammatory Bowel Disease, Warren Strober, M.D., NIAID, Moderator